

COUNTRY PLACE VETERINARY CLINIC, INC.

Welcome to Country Place Veterinary Clinic. So we may provide you with exceptional service, please share information about you and your pet(s). Additional pages are available if needed.

If filling out on phone download adobe acrobat for easy accessibility

CLIENT INFORMATION

Client Name: _____ Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address _____ For reminders, newsletters, updates

Driver's License: _____ Social Security Number: _____

Phone: Home _____ Mobile/Cell _____ Alternate Phone: _____

Employer's Name & Number: _____

Spouse's Employer & Number: _____

Who may we contact in case of an emergency if you are unattainable: _____

Phone number(s): _____ relationship _____

How did you become familiar with our clinic? Pick as many as are relevant.

Another Client: Name: _____

Website Facebook Yellow Pages Sign

Google Angie's List Word of mouth Church Bulletin

TV Print Ad Mail Ad Demand Force

We take pictures of our pet patients to occasionally share on our company website and Social Media.

May we share your pets' photos in these materials? Initials _____ Yes No

A deposit may be required for surgery or hospitalization upon admittance. Full payment is due upon the conclusion of care for each in-patient and out-patient services.

Please indicate your primary choice of payment: Cash/Check Credit/Debit Card Care Credit

EXOTIC PATIENT INFORMATION

Pet's Name: _____ Age/Birth Date: _____ Sex: _____ Spayed/Neutered: Yes No

Species _____ Breed: _____ Color: _____

*****Please fill in the second page/back of page as well*****

Client Signature _____

Date

PATIENT HISTORY

1. How long have you owned this pet? _____
2. Where did you acquire your pet? _____
3. Is this pet confined to a cage or enclosure? _____
4. What kind of cage do you use? _____
5. What is used in the bottom of the cage? _____
6. What percentage of food do you feed? _____% pellets _____% seed _____% table food
7. Types and percentage of table food offered -- **Fruits** _____% _____
Vegetables _____% _____
Other _____% _____
8. What **Brand of food** do you feed? _____
9. Do you give your pet tap or purified water? _____
10. How often is food and water changed? _____
11. How often are the food dishes washed? _____
12. What type of soap/disinfectant is used? _____
13. Have there been any pets in contact with this one that have died within the last month? _____
If yes, explain: _____
14. Has this pet been sick at any other time during the last 12 months? _____
15. Has this pet been to see another veterinarian in the past 12 months? _____
If so, whom? _____
16. Has this pet been given any medications or supplements in the past 7 days? Yes _____ No _____
If yes, which ones? _____
17. Does your pet have a microchip? Yes _____ No _____ Not Sure _____
18. Rabbits/guinea pigs/chinchilla etc. do you offer hay? if so type, amount, frequency:

Reptiles Only:
19. Heat source: _____ UVA/UVB: _____ Last changed: _____
20. Water source: _____ Type of container (bottle/bowl/etc.) _____
21. How often is your reptile soaked/bathed: _____ for how long: _____
22. Average humidity in enclosure: _____ Temperature: _____

Use the space below to include any other additional information, concerns, or comments regarding your animal below